## >>>> ATTACH W-2 FORMS HERE FACING OUT <<<<

AND COMPLETE.

Signature of Person Preparing, if Other Than Taxpayer

Address or Name and Address of Firm

## City of North Canton, Ohio Income Tax Return

For calendar year ending December 31, 2009

**DUE DATE - APRIL 15, 2010** 

File this return on or before April 15, 2010 or within 4 months of close of fiscal year.

Requests for extensions must be submitted in writing on or before April 15, 2010.

City of North Canton Income Tax www.northcantonohio.com 145 N. Main St. North Canton, Ohio 44720	Tax Office Use Only Refund Code  \$ Tax \$ Est				
330-499-3467 Fax: 330-499-2960	CashCheck Process By				
TAXPAYER SOCIAL SECURITY NO.					
SPOUSE SOCIAL SECURITY NO.					
F/D #:	<del></del>				
Are you or the business entity a resident? (	) Yes ( ) No				

Did you move into or out of N. Canton during the year? (

FILING REQUIRED IF NO TAX DUE OR NO INCOME EARNED

Date Moved INTO North Canton \_

Date Moved OUT of North Canton \_

Previous Address \_

Present Address

) Yes (

Date

Date

) N

MAKE NAME AND ADDRESS CORRECTION

1. TOTAL WAGES (ALL W-2 COPIES AND 1099 COPIES MUST BE ATTACHED)					For Wages, Use Medicare Wage Box					
	EMPLOYER NAME	WHERE E		N. CANTON TAX WITHHELD			(see instructions) TAX PAID TOTAL W-2 &			
, , , , , , , , , , , , , , , , , , , ,	1		, wm///	<u> </u>	WITHHEL	<u>.u</u>	OTHER CITIES	1099 WA	GES	
				$\vdash$					4	
			TOTALS	\$			\$	\$	+	
2. Other Ta	xable Income (including gaml	oling winnings)					2, \$	<del></del>		
<ol><li>Business</li></ol>							<del></del>			
		edule G (Attach Federal Forms		3A.	·					
		ige 2, Schedule H <b>(Attach Fede</b>		3B.	\$					
		artnership Income (Attach K-1's	3)	3C.	\$					
	al Business Income						3D. \$			
NOTE: Busin	iess or rental losses may no	t be used to offset wages.	2							
<ol><li>Deduction</li></ol>										
		or out of North Canton or prior to		4A.			· ·			
B. Aild	owable 2106 Expenses - See	nstructions (Attach Form 2106 a	nd Schedule A)	4B.	\$					
5. Taxable li	ncome (Add fines 1, 2 and 3D	and subtract lines 4A and 4B)					5. \$			
<ol><li>North Car</li></ol>	nton City Tax (1.5% of Line 5)						6. \$			
<ol><li>7. Credits:</li></ol>										
	rth Canton Tax withheld by em			7A.	\$					
B. Inc	ome Tax paid to other cities (N	lot to exceed 1.5% of income tax	es in that City)	7B.	\$					
C. Pay	yment of Declaration of Estim	ated Tax (or Credit Carryover)		7C.	\$		7D. \$			
D. Tota	al Credits (Add A, B, C)		•				7D. \$			
8. Balance	Tax Due, If Line 6 exceeds lin	e 7D					8. \$			
9. Overpayment Claimed, If Line 7D exceeds Line 6					\$					
10. CREDIT t	to 2009 estimate (if no estimat	e due use Line 11)		10.	\$					
11. To be RE	FUNDED (if estimate due use	Line 10)	11. \$	_						
	er eighteen, need proof of a									
12. Late filin	g penalty - returns filed or p	oostmarked after April 15th, en	ter \$25.00 fine				12. \$			
13. Penalty \$	(1/2% per month	) Interest \$(1/2%	ର୍ଜ per month) Estimate Pଣ	&I \$_			Totai 13.\$			
14. Total amo		N FULL WITH THIS RETUR than \$2.00 shall be collected or refun					14. \$			
			ARATION OF ESTIMATED							
	4. Total Income subject to \$1	(Subject to interest and p	enalties if not filed and pa	id-se	e instruc	tions)				
	I lotal income subject to North     LESS TAX TO BE WITHHE	h Canton tax \$	@ 1.5%				1.	\$		
ust be filed if ty income tax	A. By a North Canton empl				2A. \$					
not withheld	B. By an employer in	(name of City)			2B, \$					
by your	Balance estimated North Ca     LESS CREDITS: A. Over		4A \$				3.	\$		
employer		payment on Prior Year Return r (Specify)	4B. \$			Total	Credits 4.	\$		
	5. Net Tax Due (line 3 less tota		+				5.	·		
		not less than 25% of line 5) (Make payat	ole to City of North Canton)				6.	\$		
	7. Balance of Tax				7. \$					

Date

Signature of Taxpayer or Agent Required

Spouse's Signature